

Mail to: FFP/VFA Grant Manager - CF/8
 Wisconsin Department of Natural Resources
 P.O. Box 7921
 Madison, WI 53707-7921
 dnr.wi.gov

**Forest Fire Protection (FFP) and
 Volunteer Fire Assistance (VFA) Grant Program
 Reimbursement Request**

Form 4300-120 (R 9/05)

Notice: This form is required under ss. 26.145, 23.11, 28.07 and 227.11(2)(a), Wis. Stats.; Chapter NR 47, subch. VIII, Wis. Adm. Code; and the Cooperative Forestry Assistance Act as amended by the Forest Stewardship Act of 1990. Failure to provide this information may result in denial of benefits. Personally identifiable information requested on this form is not likely to be used for purposes other than that for which it is originally being collected.

Fire Organization Name		FOR DNR USE ONLY	
		CF Grant Mgr. Initials/Date	
		<input type="checkbox"/> FINAL	
		Finance Initials/Date	
Grant Number	Actual Expenditures	Adjustments	Grant Eligible Expenditures
1. Category			
a. Personal Protective Equipment / Forest FireFighter Safety			
b. Forest Fire Training			
c. Forest Fire Prevention			
d. Forest Fire Suppression Tools and Equipment			
e. Dry Hydrants / Water Resources			
f. Communication Equipment for Forest Fire Suppression or Protection			
g. Rural Fire Mapping			
h. Initial Attack Vehicles, all terrain vehicles (ATVs)—(vehicles limited to individual fire department applicants)			
i. Organization of New Department			
2. Total Grant Expenditures			
X Grant Share (50%)			X 50%
3. TOTAL GRANT FUNDING			Amount approved this claim <input type="checkbox"/> grant maximum

Certification – I certify, to the best of my knowledge and belief, that the billed costs of expenditures are based on actual payments of record and are in accordance with the terms of the FFP or VFA grant contract and that the reimbursement represents the grant share due that has not been previously requested. I also certify that the items purchased have been received and all bills have been paid.

Signature of Authorized Representative		Date Signed
Printed or Typed Name of Authorized Representative		Title
Office Telephone Number		Home Telephone Number
		Fax Number